

Organization	DHCS	CalSAMHSA/New DBH	DMH Alone	MHSOAC	CalMHSA	Other/Notes
<b>California Mental Health Directors Association (CMHDA)</b>	State-level administrative body for non-Medi-Cal community mental health services: <ul style="list-style-type: none"> <li>• Oversight of County Mental Health</li> <li>• Multicultural programs and cultural competency</li> <li>• Support for mental health consumers and their families</li> <li>• Co-occurring disorders</li> <li>• Licensing and certification</li> <li>• Inter-governmental activities</li> <li>• Veterans mental health</li> <li>• LPS Act</li> </ul>				<ul style="list-style-type: none"> <li>• Administer statewide PEI projects</li> <li>• Administer statewide WET projects</li> <li>• Administer federal SAMHSA and PATH grant programs</li> </ul>	Highest level of leadership within DHCS • Department of Finance/State Controller's Office: Allocation of MHSA Funds • Better utilize existing Oversight Bodies <ul style="list-style-type: none"> <li>• Mental health program evaluation (integration of evaluation efforts between DHCS, Planning Council, and MHSOAC)</li> </ul>
<b>California Mental Health Planning Council</b>	Opposes relocating mental health services to the Department of Health Care Services, citing the loss of influence on state policy and concern that the focus on wellness and recovery principles will be lost.	Single State agency to administer: <ul style="list-style-type: none"> <li>• Licensing and certification</li> <li>• Performance outcome benchmarks</li> <li>• Regulations</li> <li>• Office of Multicultural Services</li> <li>• Office of Consumer Affairs</li> <li>• Issue Resolution</li> <li>• Federal grants</li> <li>• Appointments to CMHPC</li> <li>• LPS Act</li> </ul>				
<b>Mental Health Association in California (MHAC)</b>	"...choosing between a separate department of mental health (or one merged with alcohol and drug) and placing these programs inside the current Department of Health Care Services represents a choice between two unacceptable paths and calls for a third choice-in a broader context." <i>See "other" column for third choice described.</i>			<ul style="list-style-type: none"> <li>• Approval of regulations, including conducting a stakeholder process to seek consensus</li> <li>• Earmark funding for statewide programs</li> <li>• Technical Assistance</li> <li>• Funding for client and family organizations</li> <li>• Work with new Dept to ensure that county plans and expenditures are in compliance with all applicable requirements</li> </ul>		Create a new <b>Department of Health, Mental Health, and Alcohol and Drug Services</b> that combines the knowledge, expertise, cultures, best practices, information system requirements and governance from all three presently separated systems.

\*Based upon stakeholder position papers submitted to DMH in response to the Community Mental Health Stakeholder process

\*\*This matrix only contains stakeholder recommendations related to state level mental health functions.

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<b>Racial &amp; Ethnic Mental Health Disparities Coalition (REMHDCO)</b>	"Whether it remains with a reorganized Department of Mental Health or is transferred to the Department of Health Care Services, the Office of Multicultural Services must be kept <u>in tact</u> including retaining the Chief's position that reports directly to a department or agency director."		The Department of Mental Health should still be involved whether as the lead or in partnership with other stakeholders to: <ul style="list-style-type: none"> <li>• Develop standards for what constitutes an acceptable community stakeholder process</li> <li>• Complete the Issue Resolution Process</li> </ul>			Note: Retain some form of meaningful oversight to ensure that counties utilize the funds in accordance with [the MHSA].
<b>MHSA Partners Forum</b>	Preserve OMS leadership and functions under DHCS					
<b>National Alliance on Mental Illness (NAMI CA)</b>		Supports the creation of a new DMH and ADP for all related non-Medi-Cal services and programs				Note: "CA should use this reorganization opportunity to truly integrate our Medi-Cal, non-Medi-Cal, and MHSA services to prioritize assistance to all Californians based on their severity of need."
<b>United Advocates for Children and Families (UACF)</b>						"...state oversight and evaluation of outcomes of county programs should remain a high priority....it is imperative that mental health policy secures the highest placement in the state's governmental structure...senior policy level...to ensure mental health care is a priority for future administrations."

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<b>California Coalition for Mental Health (CCMH)</b>						Note: Did not specify recommendation; however, the position paper does support the integration of mental health, substance use disorder, and health care services.
<b>University of California, Los Angeles (UCLA)</b>	...the functions of ADP and DMH, with the possible exception of prevention services, be consolidated and merged into DHCS					
<b>Mental Health Services Oversight and Accountability Commission (MHSOAC)</b>				<p>Ongoing statutory oversight and accountability responsibilities:</p> <ul style="list-style-type: none"> <li>• MHSA Expenditures: analysis of county fiscal reports, tracking component allocations, monitoring prudent reserve and fund reversion, and analyzing information on the condition of the Mental Health Services Fund</li> <li>• Determining the funding amounts available for services, also known as component allocations</li> <li>• Evaluation: oversee, review and evaluation the use of MHSA funds</li> <li>• Technical assistance: participate in joint state-county decision making process for training, technical assistance, and regulatory resources</li> <li>• Stigma reduction: develop strategies to overcome stigma associated with mental illness</li> <li>• Reducing disparities</li> <li>• County performance: providing input to the annual county mental health performance contracts as well as overseeing the monitoring of the contracts</li> <li>• Ensure participation of consumers and family members</li> </ul>		

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Comparison Matrix of Recommendations  
State Level Mental Health Functions

November 2011

Organization	DHCS	CalSAMHSA/New DBH	DMH Alone	MHSOAC	CalMHSA	Other/Notes
<b>California Association of Social Rehabilitation Agencies (CASRA)</b>						State level executive leadership for community mental health emphasizing program evaluation and quality improvement. Ensure local accountability. Efforts to reduce disparities among underserved populations and continuing focus on wellness, recovery and resilience are priorities. Preservation of DMH programmatic certification of mental health residential treatment programs; transfer licensure of these programs from DSS to DMH. State Patient Rights function must be maintained to provide oversight, training and evaluation of patient rights and involuntary treatment.
<b>Community Resource Centers (CRC)</b>	Transfer the Caregiver Resource Center system to DHCS Long-Term Care Division.					

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